

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467 STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@delaware.gov

## PHARMACIST-IN-CHARGE ACKNOWLEDGMENT

## **INSTRUCTIONS**

- If the Pharmacy is In-State, the Pharmacist-in-Charge (PIC) must hold a Delaware Pharmacist license
- The PIC may serve as a PIC for only one pharmacy at a time.
- If the PIC has not previously served as a PIC in Delaware, he or she must appear personally before the Board within 90 days of assuming the position.
- The PIC must complete the <u>Pharmacist-in-Charge Self-Inspection</u> form within 30 days of assuming the duties of PIC and by February 1 of each year thereafter.
- The PIC must complete the acknowledgement below.

DUADMACIST IN CHARGE INFORMATION

Log onto your Pharmacy's e-Licensing Dashboard in DELPROS to upload this form with your application.

г	FINANMACIST IN CHARGE IN CRIMATION			
Fu	ıll Name:			
	First Name	Middle	Last Name	
Er	nail:			
Pŀ	HARMACIST IN CHARGE ACKNOWLEDGEMEN	NT		
1.	I have read and understand my responsibilities i	in Section 3.1 of the E	oard's <u>Rules and Regulations</u> . Yes [	
2.	I agree to notify the Board of Pharmacy in writing within 10 days of my termination as pharmacist-in-charge. Yes			
3.	. Are you a Delaware-licensed pharmacist? Yes   No If yes, enter your DE License A1-			
4.		nderstand that I am responsible for conducting and managing the prescription department in compliance in all applicable state and federal laws. Yes $\Box$		
Pł	with all applicable state and federal laws. Yes  harmacist-in-Charge Printed Name:			
Pł	Pharmacist-in-Charge Signature:			

To receive news and alerts from the Delaware Board, a current email address is essential:

- Delaware-licensed Pharmacists can log onto their e-Licensing Dashboard at <u>delpros.delaware.gov</u> to update contact information.
- Non Delaware-licensed Pharmacists can log onto their pharmacy's e-Licensing Dashboard at delpros.delaware.gov to update contact information.

## **UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS**